

General Assembly

Substitute Bill No. 1237

January Session, 2005

_____SB01237HS____042705____

AN ACT CONCERNING COMMUNITY-BASED MENTAL HEALTH CARE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (Effective July 1, 2005) (a) On or before June 30,
- 2 2006, the Commissioner of Mental Health and Addiction Services, in
- 3 consultation with the Commissioner of Children and Families, the
- 4 Chief Information Officer of the Department of Information
- 5 Technology and the Community Mental Health Strategy Board,
- 6 established under section 17a-485b of the general statutes, shall
- 7 provide for the development, implementation, promotion and
- 8 maintenance of a single resource web site to provide timely access to
- 9 mental health care information and assistance for children, adolescents
- and adults. The resource web site shall include, but not be limited to:
- 11 (1) Directory information on available federal, state, regional and
- 12 community assistance, programs, services and providers; (2) current
- mental health diagnoses and treatment options; (3) links to national
- 14 and state advocacy organizations, including legal assistance; (4)
- 15 summary information on federal and state mental health law,
- 16 including private insurance coverage; and (5) an optional, secure
- 17 personal folder for web site users to manage information concerning
- 18 their individual mental health care and assistance.
- 19 (b) On or before January 1, 2008, the Commissioner of Mental

- Health and Addiction Services, in consultation with the Commissioner of Children and Families, the Chief Information Officer of the Department of Information Technology and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall provide for the development, implementation, promotion and maintenance of toll-free telephone line for mental
- health care screening, assistance and follow-up for adults and families
- and other caregivers of children and adolescents.

Sec. 2. (NEW) (Effective July 1, 2005) On or before January 1, 2007, the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall provide for the development and implementation of training programs for parents and families, early childhood providers and educators, school and higher education professionals, police, senior center staff and general pediatric, family medicine and geriatric health care professionals to improve mental health awareness, early identification and referral.

Sec. 3. (NEW) (Effective from passage) (a) On or before December 31, 2005, the Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall take such action as is necessary to amend the Medicaid state plan to provide optional adult rehabilitation services that include assertive community treatment teams to provide intensive, integrated, multidisciplinary services to adults with severe psychiatric disabilities, including, but not limited to, persons who are homeless, persons diverted or discharged from inpatient programs or nursing homes and persons diverted or released from correctional facilities, or who are at risk of incarceration. Such teams shall provide intensive community care management through case managers, nurses and physicians and shall include, but not be limited to, vocational, peer and substance abuse specialists. The Commissioner of Social Services, consultation with the in

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Commissioner of Mental Health and Addiction Services, shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, for purposes of establishing the services specified in this subsection. The Commissioner of Social Services shall implement policies and procedures for purposes of establishing such services while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal no later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective. Any moneys received by the state as federal reimbursement for optional Medicaid adult rehabilitation services for the services provided in this subsection shall be credited to the community mental health restoration subaccount of the Community Mental Health Strategic Investment Fund, established under section 17a-485 of the general statutes.

(b) The Commissioner of Social Services and the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall enter into an interagency agreement to authorize the Commissioner of Mental Health and Addiction Services to provide clinical management of the services provided under subsection (a) of this section. For purposes of this subsection, "clinical management" means the process of evaluating and determining appropriate utilization of mental health services and providing assistance that may include, but is not limited to, prior authorization, concurrent and retrospective review, discharge review, quality management, provider certification and enhancement of provider performance. The Commissioner of Mental Health and Addiction Services may certify providers of assertive community treatment services for purposes of this subsection and subsection (a) of this section, using criteria that are consistent with nationally recognized standards of best practice. The Commissioner of Mental Health and Addiction Services shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, for purposes

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88 of certification of such providers. The Commissioner of Mental Health 89 and Addiction Services shall implement policies and procedures for 90 purposes of such certification while in the process of adopting such 91 policies or procedures in regulation form, provided notice of intention 92 to adopt the regulations is printed in the Connecticut Law Journal no 93 later than twenty days after implementation and any such policies and 94 procedures shall be valid until the time the regulations are effective.

Sec. 4. (NEW) (Effective from passage) (a) The Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall take such action as is necessary to obtain a waiver from federal law to establish a Medicaid-financed home and community-based pilot program to serve at least fifty adults with severe and persistent psychiatric disabilities who would otherwise require residential nursing home care.

(b) On or before January 1, 2007, the Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall establish and implement a pilot program in accordance with subsection (a) of this section to provide community-based services and, if necessary, housing assistance to adults with severe and persistent psychiatric disabilities being discharged or diverted from nursing home residential care. The Commissioner of Social Services and the Commissioner of Mental Health and Addiction Services shall enter into an interagency agreement to authorize the Commissioner of Mental Health and Addiction Services to provide clinical management of the services provided under this section. For purposes of this subsection, "clinical management" means the process of evaluating and determining appropriate utilization of mental health services and providing assistance that may include, but is not limited to, prior authorization, concurrent and retrospective review, discharge review, quality management, provider certification and enhancement of

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122 provider performance. The Commissioner of Social Services shall 123 adopt regulations, in accordance with the provisions of chapter 54 of 124 the general statutes, for purposes of certification of such providers. The 125 commissioner shall implement policies and procedures for purposes of 126 such certification while in the process of adopting such policies or 127 procedures in regulation form, provided notice of intention to adopt 128 the regulations is printed in the Connecticut Law Journal no later than 129 twenty days after implementation and any such policies and 130 procedures shall be valid until the time the regulations are effective. On or before January 1, 2007, the Commissioner of Social Services shall 132 report, in accordance with the provisions of section 11-4a of the general 133 statutes, on the pilot program under this section to the joint standing 134 committees of the General Assembly having cognizance of matters 135 relating to public health and human services.

Sec. 5. (Effective July 1, 2005) On or before July 1, 2006, the Commissioner of Mental Health and Addiction Services, in consultation with the Commissioner of Correction and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall establish and implement a pilot program to divert or release twenty persons with serious psychiatric disabilities, otherwise deemed eligible for diversion or release, from correctional facilities to the community with appropriate housing and treatment services. On or before January 1, 2007, the Commissioner of Mental Health and Addiction Services shall report, in accordance with the provisions of section 11-4a of the general statutes, on the pilot program under this section to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and the judiciary.

Sec. 6. (NEW) (Effective from passage) (a) The Commissioner of Social Services shall, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, take such action as is necessary to amend the Medicaid state plan to provide optional adult rehabilitation services that include intensive

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age-appropriate community rehabilitation services to young adults with psychiatric disabilities, including young adults being diverted or discharged from hospitals and diverted or released from correctional facilities. The Commissioner of Social Services and the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board shall enter into an interagency agreement to authorize the Commissioner of Mental Health and Addiction Services to provide clinical management of the services provided under this section. For purposes of this subsection, "clinical management" means the process of evaluating and determining appropriate utilization of mental health services and providing assistance that may include, but is not limited to, prior authorization, concurrent and retrospective review, discharge review, quality management, provider certification and enhancement of provider performance. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, for purposes of certification of such providers. The Commissioner of Social Services shall implement policies and procedures for purposes of such certification while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal no later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective. Any moneys received by the state as federal reimbursement for optional Medicaid adult rehabilitation services for the services provided for in this subsection and subsection (b) of this section shall be credited to the community mental health restoration subaccount of the Community Mental Health Strategic Investment Fund, established under section 17a-485 of the general statutes.

(b) On or before January 1, 2006, the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall, in accordance with subsection (a) of this

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- 190 section, expand young adult services to include all catchment areas in 191 the state and shall identify additional services not being provided to 192 young adults with psychiatric disabilities. On or before January 1, 2007, the Commissioner of Mental Health and Addiction Services shall 193 194 report, in accordance with the provisions of section 11-4a of the general 195 statutes, on the implementation of such expanded services and identify 196 additional services needed to the joint standing committees of the 197 General Assembly having cognizance of matters relating to public 198 health and human services.
- 199 Sec. 7. (Effective July 1, 2005) (a) The Commissioner of Children and Families, in consultation with the Commissioner of Mental Health and 200 201 Addiction Services and the Community Mental Health Strategy Board, 202 established under section 17a-485b of the general statutes, shall 203 maintain the availability of flexible emergency funding for children 204 with psychiatric disabilities who are not under the supervision of the 205 Department of Children and Families at not less than the amount of 206 such funding provided for the fiscal year ending June 30, 2004.
 - (b) On or before October 1, 2005, the Commissioner of Children and Families, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board shall provide for an additional thirty care coordinators state-wide.
- 211 (c) On or before January 1, 2006, the Commissioner of Children and 212 Families, in consultation with the Commissioner of Mental Health and 213 Addiction Services and the Community Mental Health Strategy Board 214 shall (1) provide twelve additional family advocates state-wide; and (2) 215 expand for an additional three hours each day, including evenings 216 from 7:00 p.m. to 10:00 p.m. and Saturdays from 10:00 a.m. to 1:00 217 p.m., during which emergency mobile crisis teams provide services. 218 Additional support for such extension of hours shall include at least 219 one licensed staff person and a school liaison for each team to provide 220 on-site consultation in emergency situations, follow-up services, and 221 staff training and coordination.

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222 Sec. 8. (Effective July 1, 2005) On or before October 1, 2007, the 223 Commissioner of Children and Families, in consultation with the 224 Commissioner of Mental Health and Addiction Services and the 225 Community Mental Health Strategy Board, established under section 226 17a-485b of the general statutes, shall increase from sixteen thousand 227 to thirty-two thousand hours the respite care available to families of 228 children with mental illness. The rate paid for such service shall be not 229 less than thirty dollars per hour.

Sec. 9. (NEW) (Effective from passage) (a) On or before December 31, 2005, the Commissioner of Social Services, in consultation with the Commissioner of Children and Families, the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall take such action as is necessary to amend the Medicaid state plan to provide children's rehabilitation services that include the services provided by the Connecticut Community KidCare Program, established under section 17a-22a of the general statutes, to children with mental illness, unless the Commissioner of Social Services, in consultation with the Commissioner of Children and Families, the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board determines that any such services may be more appropriately funded under other provisions of the state Medicaid plan. Such services shall include, but need not be limited to, additional care coordinators, intensive in-home services, emergency mobile crisis services and expanded family respite care.

(b) Any moneys received by the state as federal reimbursement for optional Medicaid child rehabilitation services for the services provided for in this subsection and subsection (a) of this section shall be credited to the community mental health restoration subaccount of the Community Mental Health Strategic Investment Fund established under section 17a-485 of the general statutes.

Sec. 10. (*Effective July 1, 2005*) The Supportive Housing Pilots Initiative, established under section 17a-485c of the general statutes,

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255 shall be expanded by the Connecticut Housing Finance Authority to 256 finance, on or before July 1, 2006, five hundred additional housing 257 units and, on or before July 1, 2008, an additional five hundred 258 housing units, throughout the state that shall include supportive 259 services to families and individuals eligible to reside in such units. 260 Each of such five hundred additional housing units shall include 261 construction or substantial rehabilitation of three hundred fifty new 262 units and leasing one hundred fifty existing units. One hundred fifty of 263 such five hundred additional housing units shall be designated for 264 families and three hundred fifty of such five hundred housing units 265 shall be designated for single adults, including twenty-five for young 266 adults eighteen to twenty-three years of age.

Sec. 11. (NEW) (Effective July 1, 2005) (a) On or before January 1, 2006, the Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall take such action as is necessary to amend the Medicaid state plan to provide optional adult rehabilitation services for adults with severe and persistent psychiatric disabilities who reside in supported or supervised housing.

(b) The Commissioner of Social Services and the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board shall enter into an interagency agreement to authorize the Commissioner of Mental Health and Addiction Services to provide clinical management of the services provided under subsection (a) of this section. For purposes of this subsection, "clinical management" means the process of evaluating and determining appropriate utilization of mental health services and providing assistance that may include, but is not limited to, prior authorization, concurrent and retrospective review, discharge review, quality management, provider certification and enhancement of provider performance. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, for purposes of subsection (a) of this section. The

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289 commissioner shall implement policies and procedures for purposes of 290 establishing such services while in the process of adopting such policies or procedures in regulation form, provided notice of intention 292 to adopt the regulations is printed in the Connecticut Law Journal no 293 later than twenty days after implementation and any such policies and 294 procedures shall be valid until the time the regulations are effective. 295 Any moneys received by the state as federal reimbursement for 296 optional Medicaid adult rehabilitation services for the services in 297 accordance with this section shall be credited to the community mental 298 health restoration subaccount of the Community Mental Health 299 Strategic Investment Fund established under section 17a-485 of the 300 general statutes.

Sec. 12. Section 38a-1041 of the general statutes is amended by adding subsection (e) as follows (*Effective from passage*):

(NEW) (e) On or before October 1, 2005, the Managed Care Ombudsman, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall establish a process to provide ongoing communication among mental health care providers, patients, state-wide and regional business organizations, managed care companies and other health insurers to assure: (1) Best practices in mental health treatment and recovery; (2) compliance with the provisions of sections 38a-476a, 38a-476b, 38a-488a and 38a-489 of the general statutes; and (3) the relative costs and benefits of providing effective mental health care coverage to employees and their families. On or before January 1, 2006, and annually thereafter, the Managed Care Ombudsman shall report, in accordance with the provisions of section 11-4a of the general statutes, on the implementation of this subsection to the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance.

Sec. 13. (Effective from passage) The Legislative Program Review and Investigations Committee of the General Assembly shall undertake an evaluation of compliance with the provisions of section 38a-488a of the

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- general statutes and shall report its findings and recommendations, in accordance with section 11-4a of the general statutes, to the Governor and General Assembly on or before January 1, 2007.
- Sec. 14. (NEW) (*Effective July 1, 2005*) (a) The Commissioner of Social Services shall increase Medicaid reimbursement rates for enhanced care clinics that provide mental health services to adults, adolescents and children in accordance with subsection (b) of this section.
- 329 (b) On or before October 1, 2005, the Commissioner of Social 330 Services, in consultation with the Commissioner of Mental Health and 331 Addiction Services, the Commissioner of Children and Families and 332 the Community Mental Health Strategy Board, established under 333 section 17a-485b of the general statutes, shall adopt regulations, in 334 accordance with the provisions of chapter 54 of the general statutes, to 335 establish criteria for outpatient clinics, including hospital-based 336 outpatient clinics, that provide mental health services to adults, 337 adolescents and children, to be designated enhanced care clinics and to 338 provide for certification of such provider. The Commissioner of Social Services shall implement policies and procedures for purposes of such 339 340 certification while in the process of adopting such policies or 341 procedures in regulation form, provided notice of intention to adopt 342 the regulations is printed in the Connecticut Law Journal no later than 343 twenty days after implementation and any such policies and 344 procedures shall be valid until the time the regulations are effective. 345 The rates of reimbursement to be paid to such enhanced care clinics 346 shall be annually indexed to eighty-five per cent of the Medicare 347 reimbursement rate for adult services in effect on January 1, 2006, and 348 one hundred per cent of the Medicare reimbursement rate for children 349 and adolescent services in effect on October 1, 2005.
 - Sec. 15. (Effective July 1, 2005) On or before October 1, 2005, the Commissioner of Social Services shall change the present method of reimbursement for Medicaid-eligible children who receive general hospital mental health inpatient care so that such rate is calculated on a per diem, rather than a per discharge, basis.

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Sec. 16. (NEW) (Effective July 1, 2005) For the fiscal year ending June 30, 2006, and biennially thereafter, state payments to private providers of mental health care for children and adults shall be increased by a percentage that is at least equal to the average increase in general wages paid by the state to state employees performing the same or comparable services during the immediately preceding two fiscal years.

Sec. 17. (Effective July 1, 2005) Any provision of sections 1 to 16, inclusive, of this act that requires that mental health care services be funded under a federal Medicaid option shall require that increases in state payments to private providers in accordance with section 16 of this act apply also to services funded under such Medicaid rehabilitation option.

- Sec. 18. Section 17b-11 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2005*):
- [(a)] The Commissioner of Social Services is authorized and empowered to accept any and all allotments of federal funds, federal funds to match private contributions and commodities, and to manage and dispose of the same in whatever manner is required by federal law, and to take advantage of any amendments and supplements to the federal Social Security Act and of any other federal act relating to public welfare, and to conform to such federal requirements as are conditions precedent to the receipt of federal matching grants and are not prohibited by the general statutes.
- I(b) The Commissioner of Social Services shall determine that portion of social security increases approved by the federal government or other unearned income which shall be disregarded by the Department of Social Services in the payment of benefits to recipients of, and in the determination of eligibility of applicants for the state supplement program to the Supplemental Security Income Program. The Commissioner of Social Services, upon application, shall increase the amount disregarded for unrelated recipients in the state

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supplement program to the Supplemental Security Income Program who share living arrangements. The Commissioner of Social Services shall adopt regulations in accordance with the provisions of sections 4-166 to 4-176, inclusive, to establish specific dollar amounts to be disregarded. Such dollar amounts shall be no less than the amount of income from the Supplemental Security Income Program disregarded by the Department of Social Services pursuant to the provisions of this

This act shall take effect as follows and shall amend the following sections:

Section 1	July 1, 2005	New section
Sec. 2	July 1, 2005	New section
Sec. 3	from passage	New section
Sec. 4	from passage	New section
Sec. 5	July 1, 2005	New section
Sec. 6	from passage	New section
Sec. 7	July 1, 2005	New section
Sec. 8	July 1, 2005	New section
Sec. 9	from passage	New section
Sec. 10	July 1, 2005	New section
Sec. 11	July 1, 2005	New section
Sec. 12	from passage	38a-1041
Sec. 13	from passage	New section
Sec. 14	July 1, 2005	New section
Sec. 15	July 1, 2005	New section
Sec. 16	July 1, 2005	New section
Sec. 17	July 1, 2005	New section
Sec. 18	July 1, 2005	17b-11

PH Joint Favorable Subst.

section in effect on June 30, 1976.]

HS Joint Favorable